

Rec'd P&T/PTO 22 APR 2005

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**107532343**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11	1					
12		1				
13		1				
14		1				
15		1				
16		1				
17	1					
18		1				
19		2				
20	1					
21		1				
22		2				
23		2				
24	1					
25		1				
26		1				
27		1				
28	1					
29		1				
30		2				
31		2				
32						
33						
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45						
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47						
48						
49						
50						
TOTAL IND.	48					
TOTAL DEP.		48				
TOTAL CLAIMS	54					

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						